P.04000019455

(Requestor's Name)
(Address)
` ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Solution Solution
Special Instructions to Filing Officer:
}
İ
}

Office Use Only



800057103168

07/11/05--01048--018 **35.00



1-15 die

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CEE Ellwood INSURANCE, FACORPORARD. (Name of Corporation) DOCUMENT NUMBER: POYOOOD 79455
DOCUMENT NUMBER: 40400079455
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Clay A. Ellwood. (Name of Person)
CEEG Ellwood TASURANCE, INC. (Name of Firm/Company)
3047 S. US Hwy. #1
FT. Pierce FL 34982 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (112) 578-3900 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee. FL 32399

OFFICER / DIRECTOR RESIGNATION
I, ERIC F. Ellwood hereby resign as Directors
of CEEGE/wood INSURANCE, FACORPORATED. (Name of Corporation)
(Document Number, if known) a corporation organized under the laws of the State of
Ru F D Souton (Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314